School and Child Care Immunization Requirements

Arizona Immunization Conference April 23-24, 2014



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How many of you are:

- Nurses?
- Health Aides?
- Administrative Assistants?
- School Administrators?
- Physician Assistants?
- Other?















Brenda in May of 1965













Brenda has the MUMPS!

June 1965











History of Immunization Requirements



- ARS §15-871 874 (Dept. of Ed)
- **Effective January 1, 1992**
- Required to present documented record of 4-5 DTP, 3-4 Polio and 1 MMR and a Td booster after 10 yrs











Current Requirements

 Childcare: DTaP, Polio, MMR, Hib, Hep B, Varicella, plus Hep A (in Maricopa County only)



 School: DTaP/Td, Polio, MMR, Hep B, Varicella, plus Tdap + Meningococcal Vaccine in grades 6th – 11th in the 2013-2014 school year







Current Shot Maze

On/After 4th birthday

Conditional Admission

OnlAfter 1st birthday

Immunizations

Invalid Doses

Minimum Interval

Rules

Requirements

Lab Evidence

Exemptions

Dose Current

IDRs











Guide Through the Maze

- "Arizona Guide to School and Child Care Immunization Requirements"
- Check here for updates: http://azdhs.gov/phs/immunization/







Contents of School Guide

- Important Telephone Numbers & Websites
- School/Child Care Requirements
- 2013-2014 Arizona School Immunization Requirements (2014-2015 available on-line)
- MV/MCV and Tdap Requirement & Implementation Schedule
- Types of Exemptions
- Conditional Admissions
- Required Record Keeping Forms
- Assessments & Special Surveys





School immunization requirements are determined by the age and grade level of the child.

2014-2015 Arizona School Immunization Requirements, Kdg-12th Grade

- 1. Students must have proof of all required immunizations, or a valid exemption, in order to attend school. Arizona law allows exemptions for medical reasons, lab evidence of immunity, and personal beliefs. Exemption forms are available from schools and at http://azdhs.gov/phs/immunization/schoolchildcare/requirements.htm. Homeless students are allowed a 5-day grace period.
- 2. The immunization record for each vaccine dose must include the date and the doctor or clinic name.
- 3. The statutes and rules governing school immunization requirements are: Arizona Revised Statutes 15-871 - 874; Arizona Administrative Code, R9-6-701 - 708.

Please check requirements for each child's age and grade level in the chart below

Pleas	e check requirements for each child's <u>age and grade</u> level in the chart below.						
Age→	Under age 7	7 - 10 years	11 years and older				
<i>G</i> rade→	Kindergarten and	Kindergarten-5 th grades	6 th through 12 th grades				
Vaccine ↓	above						
DTaP/DTP/DT	4-5* doses At least 1 dose at 4 years of age or older is required. *A 6th dose is required if 5 doses have been given before 4 years of age.	3 DTaP, DTP, DT, and/or Td doses are required if all doses were given after 12 months of age. Or 4 DTaP, DTP, DT, and/or Td doses are required if dose #1 was given before 12 months of age.	1 Tdap dose is required for students 11 and older. Exception: students who have completed the primary series of at least 3-4 doses of DTaP/DT/DT/Td are not required to receive Tdap until 5 years have passed since their last dose of DTaP/DTP/DT/Td.				
Td		Tdap may be counted to meet the requirements above. Tdap is not	Tdap doses given prior to age 11 meet this requirement.				
Tdap		required for 11 year olds until they enter 6 th grade.	A Td booster is required 10 years after the Tdap dose.				
Meningococcal		Not required Doses given at age 10 meet the requirement for 11 year olds.	1 dose is required for students 11 years and older.				
Polio	3-4 doses 3 doses meet the requirement if the 3 rd dose was given at 4+ years of age. 4 doses meet the requirement even if all 4 doses were given in the first year of life. (Not required for age 18 and older.)						
MMR	2 doses A 3 rd dose will be required if dose #1 was given before more than 4 days before the child's 1 st birthday.						
Hepatitis B	3 doses A 4 th dose will be required if the third dose was given before 24 weeks of age.						
	1 dose is required if the 1 st dose was given before 13 years of age. 2 doses are required if the 1 st dose was given at 13 years of age or later.						
Varicella	Students attending school or preschool in Arizona prior to 9/1/2011 with parental recall of chicken pox disease are allowed to continue attendance with parental recall of disease. Students enrolling in an Arizona preschool or school for the first time after 9/1/11 are required to present proof of varicella immunization or a valid exemption for medical reasons, laboratory evidence of immunity or personal beliefs.						

Note: ADHS observes a 4-day grace period for vaccine ages and intervals, except for the space between two live vaccines such as Varicella and MMR, which must be given at least 28 days apart if they are not administered on the same day.

Childcare and preschool immunization requirements are posted at http://azdhs.gov/phs/immunization/school-childcare/requirements.htm.

Arizona Immunization Program Office • 150 North 18th Avenue, Suite 120 • Phoenix, AZ 85007 • (602) 364-3630 • Toll-free (866) 222-23329 4/9/2014













			n Requirements for indergarten, preschool,			
Immunizations	1 st Dose	2 nd Dose	3 rd Dose	4 th Dose	5 th Dose	6 th Dose
(DTaP/DTP) Diphtheria. Tetanus & Pertussis. (DT) Diphtheria & Tetanus	Required	Required	Required	Required.	Required if dose #4 was given before the 4 th birthday.	Required only if 5 doses were given before the 4 th birthday. 6 doses meet the requirement even if all were given before age 4 years.
An interval of at least 4 weeks	is required between the	first 3 doses of DTaP/D	TP/DT. An interval of 6 mo	nths is required between	the 3 rd and 4 th doses.	
(IPV/OPV) Polio	Required	Required	Required	Required if the first three doses were all given before age 4.		
An interval of at least 4 weeks received 4 Polio doses space					se, per current recommenda	ations. <u>Children who</u>
(MMR) Measles, Mumps, & Rubella	Required	Required				
The minimum age for MMR #1 administered on the same day.	is 12 months. MMR #2	may be given 28 days a	fter MMR #1. Doses of MN	/IR and Varicella must be	separated by at least 28 day	s unless they are
(Hep B) Hepatitis B	Required	Required	Required Must be given at 24 weeks or later to count as final Hep B dose.	Required only if dose #3 was given before 24 weeks of age.		
Hep B #1 may be given at birth	n. Dose #2 is due 4-8 we	eeks after dose #1. Dose	#3 is due 2-5 months afte	er dose #2, at least 4 mon	ths after dose #1 and no ear	lier than age 24 weeks.
Varicella* (Chicken Pox)	Required*	<u>Recommended</u> Not required.				

*Only students who entered school or childcare in Arizona prior to 9/1/2011 with parental recall of chicken pox disease are allowed to continue attending school in Arizona without proof of Varicella immunization or exemption. After 9/1/2011 children whose health care providers can document their history of chicken pox need to obtain a medical exemption signed by the physician. Doses of Varicella vaccine and MMR must be separated by at least 28 days unless they are administered on the same day.











2014-2015 School Year Immunization Requirements for Children 7 to 10 years old in Arizona Schools (not applicable for pre-kindergarten, preschool, Head Start or child care)						
Immunizations	1 st Dose	2 nd Dose	3 rd Dose	4 th Dose	5 th Dose	
(DTaP/DTP) Diphtheria, Tetanus & Pertussis, (DT) Diphtheria & Tetanus, Td (Tetanus & Diphtheria	Required	Required	Required	Required if dose #1 was given before 12 months of age.		
An interval of at least 4 weeks is required bets under age 11, but can be counted as a valid to			is is required between the l	ast two doses. Tdap is not re	equired for children	
(IPV/OPV) Polio	Required	Required	Required	Required if the first three doses were all given before age 4.		
An interval of at least 4 weeks is required betweeterd 4 Polio doses spaced 4 weeks ap				er current recommendations.	Children who	
(MMR) Measles, Mumps, & Rubella	Required	Required				
The minimum age for MMR #1 is 12 months. administered on the same day.	MMR #2 may be given 28 d	ays after MMR #1. Doses of MMR a	nd Varicella must be separ	ated by at least 28 days unle	ss they are	
(Hep B) Hepatitis B	Required	Required	Required Must be given at 24 weeks or later to count as final Hep B dose.	Required only if dose #3 was given before 24 weeks of age.		
Hep B #1 may be given at birth. Dose #2 is do	ue 4-8 weeks after dose #1.	Dose #3 is due 2-5 months after do	se #2, at least 4 months af	ter dose #1 and no earlier th	an age 24 weeks.	
Varicella* (Chicken Pox)	Required*	<u>Recommended</u> Not required.				
*Only students who entered school or childo						

physician. Doses of Varicella vaccine and MMR must be separated by at least 28 days unless they are administered on the same day.











201	2014-2015 School Year Immunization Requirements for Children 11 years and older in Arizona Schools (not applicable for pre-kindergarten, preschool, Head Start or child care)					
Immunizations	1 st Dose	2 nd Dose	3 rd Dose	4 th Dose	5 th Dose	
(DTaP/DTP) Diphtheria. Tetanus & Pertussis, (DT) Diphtheria & Tetanus, (Td) Tetanus & Diphtheria	Required	Required	Required	Required if dose #1 was given before 12 months of age.		
An interval of at least 4 weeks	is required between the firs	st doses of DTaP/DTP/DT/Td.	An interval of 6 months is requir	ed between the last two doses.		
(Tdap) Tetanus, Diphtheria & Pertussis	Required for 6 th – 12 th graders when 5 years after the last dose in the primary series of DTaP/DTP//Td.					
the Tdap requirement. A Td bo				as part of their first 3-4 doses of te	tanus/diphtheria vaccine, meet	
(MV/MCV) Meningococcal Vaccine	Required for 6 th – 12 th graders.	Not required. Recommended at age16.				
Meningococcal vaccine is lice	nsed for use in children you	nger than 11. Children who re	eceived MV/MCV at age 10 meet	the requirement.		
(IPV/OPV) Polio	Required	Required	Required	Required if the first three doses were all given before age 4.		
An interval of at least 4 weeks received 4 Polio doses space				revious dose, per current recomme	ndations. Children who	
(MMR) Measles, Mumps, & Rubella	Required	Required				
The minimum age for MMR #1 is 12 months. MMR #2 may be given 28 days after MMR #1. Doses of MMR and Varicella must be separated by at least 28 days unless they are administered on the same day.						
(Hep B) Hepatitis B	Required	Required	Required. Must be at least 24 weeks of age.	Required only if dose #3 was given before 24 weeks of age.		
Hep B #1 may be given at birt A two-dose adolescent series				east 4 months after dose #1 and no	earlier than age 24 weeks.	
Varicella* (Chicken Pox)	Required*	Required*only if dose #1 was given at age 13 years or older. Dose #2 is recommended for all others.				
*Only students who entered	school or childcare in Arizon	na prior to 9/1/2011 with parer	ntal recall of chicken pox disease	are allowed to continue attending s	chool in Arizona without proof	

of Varicella immunization or exemption. After 9/1/2011 children whose health care providers can document their history of chicken pox need to obtain a medical exemption signed by the physician. Doses of Varicella vaccine and MMR must be separated by at least 28 days unless they are administered on the same day.











2014-2015 School Requirements Children under age 7

Required Vaccines	See below for exceptions requiring fewer or more doses
<u>5 DTaP</u>	4 doses OK if 4 th dose given at 4+ years 6 doses required if 5 th dose given under 4 years
4 Polio	3 doses OK if 3 rd dose given at 4+ years
<u> 2 MMR</u>	3 doses required if #1 was given before 12 months of age
<u> 3 Hep B</u>	4 doses required if #3 was given before 24 weeks of age
1 Varicella	0 doses required if enrolled before 9/1/2011 with history of chicken pox disease

Valid doses are required. A 4-day grace period is allowed.





2014-2015 School Requirements Children 7-10 years of age

Required Vaccines	See below for exceptions requiring fewer or more doses
4 DTaP/Td	3 doses OK if all were given after 12 months
4 Polio	3 doses OK if 3 rd dose given at 4+ years
<u> 2 MMR</u>	3 doses required if #1 was given before 12 months of age
3 Hep B	4 doses required if #3 was given before 24 weeks of age
1 Varicella	Varicella not required if enrolled with history of chicken pox disease before 9/1/2011

Valid doses are required. A 4-day grace period is allowed.





2014-2015 School Requirements Children 11+ years of age, Grade 6^{th -} 12th

Required	See below for exceptions requiring fewer or more doses		
3 DTaP/Td	3 doses OK if all were given after 12 months		
1 Tdap	Required when 5 years have passed since last DTaP/Td		
1 MV/MCV	Required		
<u>4 Polio</u>	3 doses OK if 3 rd dose given at 4+ years		
2 MMR	3 doses required if #1 was given before 12 months of age		
3 Hep B	4 doses required if #3 was given before 24 weeks of age		
1 Varicella	2 doses if #1 was given at 13+ years of age. Not required if enrolled before 9/1/2011 with chicken pox history		

Valid doses are required. A 4-day grace period is allowed.





Tdap + MV Requirement Implementation Schedule

School Year	Grades Included
2008-2009	6th
2009-2010	6 th , 7th
2010-2011	6 th , 7 th , 8th
2011-2012	6 th , 7 th , 8 th , 9 th
2012-2013	6 th , 7 th , 8 th , 9 th , 10th
2013-2014	6 th , 7 th , 8 th , 9 th , 10 th , 11th
2014-2015	6 th , 7 th , 8 th , 9 th , 10 th , 11 th , 12 th







Else Needs Tdap?

- Students 11+ years of age who have not completed the primary series of 3-4 DTaP/DT/Td need 1 Tdap
- Tdap is approved for use in children 7+ years of age, but is not required for those under 11 years
- 1 dose of Tdap is recommended for all adults as a booster



Second Doses

- A second dose of Varicella is <u>recommended</u>, however, it is <u>not</u> <u>required</u> for school attendance
- A second dose of Meningococcal vaccine is <u>recommended</u> at age 16; it is <u>not required</u> for school attendance













School Enrollment Process for Immunizations Part 1

- An immunization record is required for school entry unless the child is homeless (See Arizona Revised Statutes 15-871-15-874)
 - Immunization record may be obtained from parent, past school, ASIIS or another state's immunization registry
 - Parent/Guardian (not the school) contacts child's health care provider to obtain record when necessary
 - Schools assist homeless families in locating immunization records and immunizations





School Enrollment Process for Immunizations Part 2

- Review the student's record for compliance with all immunization requirements – all are required for student to attend school unless....
 - -Student is homeless or
 - Student is up to date and within the minimum interval between vaccine doses



Provide a "Referral Notice of Inadequate **Immunization**" listing missing immunizations and advising of lawful exemptions available at http://www.azdhs.gov/phs/ immunization/schoolchildcare/requirements.htm

Referral Notice of I	nadequate In	nmunization	for School/	Child Care		
Student Name			Date of Birth_			
School/Child Care			Date			
Our records show that your child has not received Law (A.R.S. §15-872). The immunization doses r	all immunizat	ions required	for school/cl			
Attention School/Child Care Staff: Please write in the	he dates of all	doses alread	ly listed on the	e child's record	i.	
Vaccine Type			Do	ses		
	1st	2nd	3rd	4th	5th	6th
DTaP/DTP/DT (Diphtheria, Tetanus, Pertussis)	1.1	1 1	1.1	1.1	1 1	1 1
Provider/Clinic Name	' '	' '	' '	' '	' '	' '
Td (Tetanus, Diphtheria)	1 1	1 1	1 1	1 1		
Provider/Clinic Name						
IPV (Polio)	1 1	1 1	1 1	1 1	1 1	
Provider/Clinic Name						
MMR (Measles, Mumps, Rubella)	1 1	1 1	1 1			
Provider/Clinic Name						
Hib (Haemophilus influenzae type b) (Required up to age 5)	, ,	, ,	, ,	, ,		
Provider/Clinic Name	' '	, ,	1 1	' '		
Hepatitis B						
Provider/Clinic Name	I = I	1 1	1 1	1 1		
Varicella (Chicken pox)						
	I = I	1 1	1 1			
Provider/Clinic Name Hepatitis A						
(Required in Maricopa County preschool/child care only) Provider/Clinic Name	1 1	1 1	1 1			
Tdap (Tetanus, Diphtheria, Pertussis)						
Provider/Clinic Name	1 1					
Meningococcal						
Provider/Clinic Name	1 1	1 1				
To Comply With Ar	izona Law, Y	ou Must Do	One Of The	Following:		
By This Date:						
 If your child has already received the necessimust show the child's name, date of birth, the agency who administered the vaccine. 	ary immuniza ne date that a	tion(s), bring all doses we	his or her im re received, a	munization re and the name	ord to schoo of the physi	ol. The record cian or health
 If your child has <u>not</u> received the necessary in the physician or local health department to gupdated record back to school/child care. 	mmunizations et required in	s, take your mmunization	child's imm n(s) and/or r	unization rec ecords. The	ord and this n bring this	form to your form and the
 Exemptions to immunization requirements ar must complete, sign and return an exemptio given for medical reasons, or there is labora physician. A copy of the lab results must be s 	n statement tory evidence	to the school e of immunity	/child care o	enter. If any submit a medi	immunization	(s) cannot be
By state law, your child will not be allowed to atte exemption statement is submitted. If you have que					ization(s) or	an acceptable
			at			
(Name of contact person at school or child care center)			(Pho	ne number of sc	nool or child ca	ire center)









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School Enrollment Process for Immunizations Part 3

- Complete a copy of the Arizona School Immunization Record (ASIR 109R) for each student - latest revision 12/9/11
- Computer-generated records that completely match all areas of the ASIR 109R are acceptable
- Hard copies of the ASIR 109R or facsimile must be available in the health care file for each student





ARIZONA SCHOOL IMMUNIZATION RECORD This form must be completed from an immunization record provided by parent or guardian. See reverse side for instructions. I. IDENTIFICATION INFORMATION BIRTH DATE CHILD'S NAME NOMBRE DE NIÑO FECHA DE NACIEMIENTO ENTRY GRADE (circle) Pre-K K 1 2 3 4 5 6 SEX Male 🔲 Female 🔲 GRADO (marque con circulo) SEXO Niño 🔲 Niña 🔲 7 8 9 10 11 12

II. IMMUNIZATIONS	MO/DAY/YR	MO/DAY/YR	MO/DAY/YR.	MO/DAY/YR	MO/DAY/YR.	MO/DAY/YR
(DTaP/DTP) Diphtheria, Tetanus & Pertussis Difteria, Tetano y Tos Ferina						
(DT) Diphtheria & Tetanus Difteria y Tetano						
(Td) Tetanus & Diphtheria Tetano y Difteria						
(Tdap) Tetanus, Diphtheria, acellular Pertussis Tetano, Difteria y Tos Ferina						
(IPV/OPV) Polio Vaccine Vacuna Antipoliomielitica						
(MMR) Measles, Mumps & Rubella Sarampiòn, y Paperas, y Rubèola (Month, Day & year required)		6				
(Hib) Haemophilus Influenzae b Required for Pre-K program, children age 2 months to age 5 years. Influenzae Haemophilus tipo B	Manufacturer	Manufacturer	Manufacturer DITAT	Manufacturer DEUS		
(Hep B) Hepatitis B La Vacuna Hepatitis B		\S	P (3)			
(Hep A) Hepatitis A La Vacroca Hepatius A			の記念			
Varicella (Chickenpox) Varicella	\					/
Check box if pupil attended childcare/school in AZ with parental recall of chicken pox before 9/1/11 □))	16311				
Meningococcas Meningococicas			<u> </u>	12.		
HPV (Human Papilloma Virus) Virus Papilloma Humano				1		
Other (Including Influenza Vaccine)						
TB Skin Test: (optional)						
List most recent test Prueba de tuberculosis del piel: (opcion) Liste la más reciente prueba						

This record is part of the mandatory permanent pupil records as defined in Arizona Revised Statue 15-874 and shall transfer with that record. Local health departments shall have access to this record.

FOR SCHOOL USE ONLY:						
Enrollment Date:						
Schedule for Completion (Check do	se(s) need	led)			
VACCINE	1ST	2ND	3RD	4TH	5TH	6TH
DTap/DTP/DT/Td						
Tdap						
OPV/IPV						
MMR						
Hib						
Нер А						
Нер В						
Mening						
VAR						

III. Document	tation
I certify t	hat I reviewed this student's immunization
	d it has been transcribed accurately.
Date	/ /
Admittin	g Official
Documentatio	n presented:
	izona Lifetime Record
	reign country (name)
	ut-of-State record (name)
□ O ₁	ther (name)
IV. Status of I	Requirements
	Immunization complete Date / /
⊔ В.	Currently up-to-date; more doses are due later.
	Needs follow-up.
□ C.	Laboratory evidence of immunity to:
Exemption fo	
	Medical Reasons-Permanent
	Date//
□ E.	Medical Reasons-Temporary until
	Date / /
	Personal Beliefs
□ Γ.	
	Date//

ASIR109R - revised 12/09/11











What proof of vaccination is needed? The child's record must contain:

- Child's name and birth date
- Vaccine administered
- Date administered (month/day/year as of 1/1/03)
- Signature/stamp of person or facility administering the vaccine







Acceptable Records

- ACCEPTED
- Arizona Lifetime Immunization Record
- Copy of 111 form
- Record from another state
- Computer (school or registry) record
- Copy of Arizona School Immunization Record (ASIR)
- ALL forms must have required documentation

Other Acceptable Documentation

Exemptions:

- Medical permanent or temporary (signed by a physician)
- Medical with laboratory evidence of immunity
- New forms need to be used/completed for 2013-2014 and future school years:
- ▶ Personal beliefs K-12 schools only
- ➤ Religious beliefs child care only



When is a new exemption form needed?

- 1. The child enters a new school or child care center
- 2. Immunization requirements change and the newly required vaccination is not included on the "old" form signed by the parent/guardian
- 3. The official state-provided exemption form changes





School Exemptions to Immunizations

- Exemption forms should be provided upon the request of parent/guardian (not part of registration packet)
- Medical exemptions must be completed by the child's physician
- Laboratory evidence of immunity must be accompanied by a copy of lab results and an exemption form completed by the child's health care provider



Medical Exemptions

- Should be used to document known history of varicella *
- Temporary medical exemptions are used to document the need to delay a vaccine dose
 - If a child is too ill to receive a required vaccine
 - If the child's doctor recommends that a vaccine dose be given later than required under Arizona's requirements





Personal Beliefs Exemptions

- Available only for kindergarten through 12th grade
- Partially immunized exempt students should still have record of immunizations on file
- May include one or all vaccines
- Exemption rates have increased, lowering "Herd Immunity"





Kindergarten Coverage Levels

	Number	DTdap 4+	Polio 3+	MMR 2+	Нер В 3+	VAR 1	VAR 2	Personal Exempt
2010- 2011	83,348 students	95.6%	95.6%	95.3%	96.6%	97.3%	81.2%	3.2%
2011- 2012	85,316 students	94.9%	95.0%	94.7%	96.3%	96.9%	82.7%	3.4%
2012- 2013	87,909 students	94.6%	94.7%	94.5%	95.9%	96.8%	84.2%	3.9%
Exemptions by Vaccine		3.5%	3.5%	3.7%	3.0%	2.6%	2.6%	











Sixth Grade Coverage Levels

	Number	Tdap 1	MCV 1	MMR 2	Нер В З	VAR 1	VAR 2	Personal Exempt
2010- 2011	82,047 students	87.8%	88.2%	97.7%	97.8%	98%	48.8%	3.7%
2011- 2012	82,581 students	88.7%	89.2%	97.3%	97.6%	97.6%	52.2%	4.0%
2012- 2013	82,765 students	90.1%	90.2%	97.5%	97.6%	97.6%	58.3%	3.9%
Exemptions by Vaccine		3.3%	3.8%	2.1%	1.9%	1.8%	1.8%	





Childcare Enrollment Process for Immunizations

- Obtain Immunization record documenting proof of immunizations generated by health care provider or ASIIS
- Notify parent in writing (Referral Notice)
 that the child may not attend for more than
 15 days unless proof of the required
 immunization doses is provided to the
 childcare center
- Proof of immunizations must be attached to the child's emergency card





The Emergency Information and Immunization Record Card from www.azdhs.gov Bureau of Child Care Licensing

Immunization In (A licensee shall attach Immunization Record c	an enrolled child's written immunization record or exemption af	ffidavit to the enrolle	ed child's Emergency	$_{\prime}$, Information and
For information regarding current immunization requirements go to: www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.				
One of these	citems must accompany the EIIR card at Copy of current official documented immunizar Religious Beliefs exemption form signed by paysician a Medical Exemption form signed by physician at Signed Laboratory Proof of Immunity form at	ation record atta arent/guardian a and parent/guar	attached	
Notification of imn	nunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr mo /day/ yr	mo /day/ yr	mo /day /yr mo /day /yr
	Updated immunizations received and attached:	220 / 420 / 32	200 / 4113/7 31	210 / 411 / //
	food or other substances?			No Yes
	toms, name foods or substances to be avoided, and the pro- usceptible to infections and if so, what precaution			No Yes
Is child subject to If yes, specify proced	convulsions and what should be our procedure sture:	if one occurs?		No Yes
	ical condition that we should be aware of and vouble, foot problem, hearing impairment, hernia,		ns should []	No Yes
Additional comm	ents:			
Other special inst	ructions:			
This Emergency Info	ormation and Immunization Record Card is accurate a	nd complete, front	and back, and wa	s provided by:











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Required Immunizations for Childcare/Preschool

	2 mo.	4 mo.	6 mo.	12 mo.	15+ mo.
DTaP	1	2	3	3	4
Polio	1	2	2	3	3
MMR				1	1
Hib	1	2	2-3	2-3	3-4
Hep B	1	2	2	3	3-4
Varicella				1	1
Hep A* only in Maricopa County, #1 at one year, #2 due 6 months later				1	1





Childcare Age and Space Rules

These requirements (+ Hep A in Maricopa County) apply to <u>pre</u> schoolers 15 months through 5 years			
4 DTaP	DTaP #4 is needed six months after DTaP #3		
3 Polio	Okay if given earlier; required at 12 months		
1 MMR	Minimum age for vaccine is 12 months – 4 days		
3-4 Hib	1 dose meets requirement if given at 15+ mo. of age		
3-4 Hep B	#4 required if #3 was given before 24 weeks of age		
1 Varicella	Minimum age for vaccine is 12 months – 4 days. MMR and Varicella must be given at least 28 days apart unless given on the same day		





GREAT Process for Childcare Immunizations

- 1. Get immunization record from parent or the ASIIS registry upon registration
- 2. Review child's record refer child for ageappropriate missing immunizations
- 3. Enforce the 15-day deadline for parent to provide proof of up-to-date immunizations
- 4. Attach copy of immunization record(s) to emergency card
- 5. Track immunization status of children who lack complete series immunizations and get updates





Religious Exemptions to Immunization

- Available in childcare and preschool
- R9-5-305, 2b "...the child is being raised in a religion whose teachings are in opposition to immunization."
- Immunization records of partially immunized children still need to be on file at the center
- Exemption forms must be attached to the child's emergency card





Medical Exemptions in Childcare Settings

- All medical exemptions must be completed by the child's health care provider
- Temporary medical exemptions are used to document the need to delay a vaccine dose
 - If a child is too ill to receive a required vaccine
 - If the child's doctor recommends that a vaccine dose be given later than required under Arizona's requirements





Arizona State Immunization Information System (ASIIS)

- School and child care staff can enroll in ASIIS to look up and print out the immunization records of students
- After enrollment paperwork has been completed, you will receive a log-in and password
- http://www.azdhs.gov/phs/asiis/enrollment.htm
 or call 1-877-491-5741 to enroll in ASIIS
- When searching ASIIS, use minimal information to increase chances of locating child's record





Lost records from out of state?

- All states have immunization requirements
- Schools attended out of state usually have records of immunization that are transferred with other school records upon request
- Many state or county health departments have immunization registries like ASIIS that maintain the records of immunized children





Was the dose too early?

 MMR and Varicella, both live virus vaccines, must be given on the <u>same day or at least 28 days</u> <u>apart</u> (no 4 day grace period)



- Children who received Hep B #3 at 4 months of age need a 4th Hep B dose
- Doses of other vaccines given more than 4 days before the minimum age/interval will be invalid



Was the dose too late?

 It is not necessary to start a series over if the interval between doses is longer than recommended













Recommendations for Schools & Child Care

- Review records and refer children for missing doses at the time of enrollment
- Use ASIIS to obtain proof of immunizations
- Visit http://azdhs.gov/phs/immunization/ often for updates
- Submit preschool, childcare, Head Start, kindergarten and sixth grade Immunization Data Reports by November 15th each year





REMEMBER!

Vaccines are GOOD!

Disease is BAD!













Thank you!

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